



THE STATE BAR OF CALIFORNIA
COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS
180 Howard Street · San Francisco, CA 94105-1639 · (415) 538-2300
845 S. Figueroa Street · Los Angeles, CA 90017-2515 · (213) 765-1500

APPLICATION/DOCUMENT COPY OR ADMINISTRATIVE SERVICE REQUEST FORM

If you wish to receive a copy of an application or other document that you have filed with the State Bar of California's Office of Admissions or you would like to request an administrative service, please complete and return this form along with a cashier's check or money order made payable to The State Bar of California for the appropriate amount. **Personal checks will not be accepted.** Applicants may also pay using a credit card (Master Card or Visa only) by completing the Credit Card Authorization Form. **In addition to the fee, most requests must be accompanied by a photocopy of one piece of identification, as indicated on Page 2.** Acceptable examples: Driver's License, Passport, California Identification Card, Military Identification Card or Birth Certificate. **Please note: Copies of applications are not available after five years of inactivity.**

On Page 2, in the first and second columns of the table, check the box for the document and/or service you are requesting, provide the examination date(s) if applicable, and sign as indicated before forwarding to the appropriate office as is noted below. If more space is needed, include additional information on a separate piece of paper.

Name: _____

File/Bar Number:

NCBE Number:

Address:

City

State

Zip Code

Email address:

Daytime Phone Number:

Requests for certifications of MBE and MPRE scores, handscores of MBE answer sheets, duplicate result letters, testing accommodation form completion and duplicate copies of petitions, copies of pass lists, laptop answers, archived examination questions and selected answers, reports or studies authorized for publication by the Committee of Bar Examiners should be sent to:

Office of Admissions
The State Bar of California
180 Howard Street
San Francisco, CA 94105-1639

All other requests should be directed to:

Office of Admissions
The State Bar of California
845 S. Figueroa Street
Los Angeles, CA 90017-2515

This request must be accompanied by the required fee; otherwise, your request will not be processed.

Office Use Only	
Date:	_____
ID:	_____
Date Mailed:	_____
Signature:	_____

Check here for Request	Date(s) of Examination	Description	Amount	ID Required
		REGISTRATION APPLICATION (Copy of original or reproduction of online application. Copies are not available after five years of inactivity.)	\$20.00	Yes
		FIRST-YEAR LAW STUDENTS' EXAMINATION APPLICATION (Copy of original or reproduction of online application. Copies are not available after five years of inactivity.)	\$20.00	Yes
		BAR EXAMINATION APPLICATION (Copy of original or reproduction of online application. Copies are not available after five years of inactivity.)	\$20.00	Yes
		MORAL CHARACTER DETERMINATION APPLICATION (Copy of original or reproduction of online application. Copies are not available after five years of inactivity.)	\$25.00	Yes
		DUPLICATE RESULT LETTER (More than 60 Days after release of results)	\$15.00	Yes
		LETTERS OF VERIFICATION (i.e., Registration, payment of fees, applications filed, examinations taken and pass/fail status, admission, application destroyed, completion of other state's form confirming testing accommodations granted, etc.)	\$15.00	Yes
		DUPLICATE OF COMPUTER LETTERS (If still available)	\$15.00	No
		CERTIFICATION OF MBE SCORE more than 7 years old to another state	\$25.00	Yes
		HAND SCORE OF MBE SCANTRON ANSWER SHEETS (Last administered examination only. Requests must be received by <u>February 1</u> for July MBE score and <u>July 1</u> for February MBE Score)	\$50.00	Yes
		REPRINT OF LAPTOP EXAMINATION ANSWERS (Last administered examination only)	\$25.00	Yes
		RETURN OF ORIGINAL FOREIGN ELIGIBILITY DOCUMENTS (Copies made for file before originals returned to applicant.)	\$20.00	Yes
		COPY OF LAW STUDY EVALUATION	\$20.00	Yes
		COPY OF LAW STUDY PLAN WITH EVALUATION	\$20.00	Yes
		CERTIFICATION OF MPRE SCORE earned <u>prior</u> to 1999 to another state	\$25.00	Yes

If you wish to have the application(s)/document(s) mailed to a third party, please complete the section below. By completing this form with your signature, you are authorizing the release of the marked documents to the third party.

Name of Entity:

Address:

City

State

Zip Code

I understand that the copies of the application(s)/document(s) will be sent by regular US mail, and that by my signature I assume the risk of loss in the mail. If picked up in person, I acknowledge receipt of the above marked documents.

Signature of Applicant/Requester



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Office of Admissions Fees Only – Credit Card Authorization Form

Date:

I authorize the State Bar of California to charge my credit card for \$

Please check which fee(s) you are paying:

- | | |
|---|--|
| <input type="checkbox"/> Registration as a Law Student | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> Registration as an Attorney Applicant | <input type="checkbox"/> Laptop Late Fee |
| <input type="checkbox"/> California Bar Examination | <input type="checkbox"/> Moral Character Determination |
| <input type="checkbox"/> California Bar Examination Late Fee | <input type="checkbox"/> Moral Character Determination Extension |
| <input type="checkbox"/> First-Year Law Students' Examination | <input type="checkbox"/> Other: Please specify: |
| <input type="checkbox"/> First-Year Law Students' Exam Late Fee | |

(This form may not be used to pay dues or other attorney fees; it only may be used to pay fees related to Admissions. Please print legibly.)

Name of Applicant if Different than Card Holder (print legibly):

File Number of Applicant (if previously registered with the State Bar of California's Office of Admissions as a law student or attorney applicant):

Address: _____

City, State, Zip:

Telephone Number:

Email Address: _____

Credit Card Number: _____

Credit Card Security Code:

Expiration Date:

Month/Year

Check Credit Card Type: ☐ Master

☐ Visa

Name on Card (print legibly):

Signature of Card Holder: _____